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PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/171,889
Filing Date	10/28/1998
First Named Inventor	Jan-Ove Persson
Art Unit	
Examiner Name	
Attorney Docket Number	150-254

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Steven S. Payne				
Address	Arator IP Law Group PLLC 1101 17th Street N.W. Suite 1005				
City	Washington	State	DC	Zip	20036
Country	USA				
Telephone	202-828-9299		Fax	202-828-9399	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

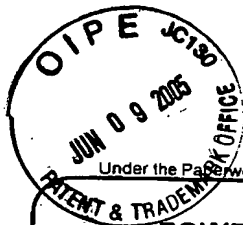
Signature			
Name	Jan-Ove Persson		
Date	050814	Telephone	0415-19812

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	09/171,889
Filing Date	10/28/1998
First Named Inventor	Jan-Ove Persson
Title	Voice Prosthesis
Art Unit	
Examiner Name	
Attorney Docket Number	150-254

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:   
OR

☒ Practitioner(s) named below:

Name	Registration Number
Steven S. Payne	35,316

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The address associated with the above-mentioned Customer Number:  
OR

☐ The address associated with Customer Number:   
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Steven S. Payne				
Address	Arator IP Law Group PLLC 1101 17th Street N.W. Suite 1005				
City	Washington	State	DC	Zip	20036
Country	USA				
Telephone	202-828-9299	Fax	202-828-9399		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Jan-Ove Persson</i>	Date	<i>March 14, 2005</i>
Name	Jan-Ove Persson	Telephone	
Title and Company	Vice President Research		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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